

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10: 22

DOCUMENT # **P93000072748 (5)**

1. Corporation Name
SUNSHINE STATE HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
3001 PONCE DE LEON BLVD. STE. 200 CORAL GABLES FL 33134		3001 PONCE DE LEON BLVD. STE. 200 CORAL GABLES FL 33134	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/14/1993	03/16/1994
Suite, Apt. #, etc.		4. FEI Number	
22		65-0443823	
City & State		5. Certificate of Status Desired	
23		27 <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	28 <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAXEY, WIRT T
3001 PONCE DE LEON BLVD.
STE. 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAXEY, TOM
STREET ADDRESS	3001 PONCE DE LEON BLVD. STE. 200
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	VD
NAME	WEBB, WILLIAM C
STREET ADDRESS	1300 N.W. 167TH STREET
CITY - ST - ZIP	MIAMI FL 33169
TITLE	STD
NAME	MAXEY, WIRT T
STREET ADDRESS	3001 PONCE DE LEON BLVD. STE. 200
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated by this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or as an attachment with an address.

SIGNATURE: *Tom Maxey* 2/16/95 (305) 446-7666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Expires 1 Year)